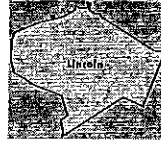


MH LINCOLN COUNTY MANUFACTURES HOME PERMIT APPLICATION

Lincoln County Fiscal Court
County Judge Executive Office
102 East Main St Building Inspector and P&Z Office basement level
Stanford, KY 40484
(606)-365-4507 fax (606)365-4805
Inspector Tim Scott (859)-339-0739



OFFICE HOURS:
8:00 am to 10:00 am
Monday, Wednesday, Friday

OWNER INFORMATION

Owners Name (Print) _____ Phone _____ DATE: _____
Current Address _____ CITY _____
SITE Address (Placement of Home) _____ CITY _____

INSTALLER INFORMATION

Name of Licensed Dealer/Installer: _____ Address: _____
City: _____ State: _____ Zip Code: _____
License Number: _____ Phone #: _____

Installation Standard To Be Used: (Check One) Manufacturer's Manual _____ ANSI 225.1 _____

* For units built on or after September 1, 1997, the installer must verify that the unit is designed for the wind zone in which it is to be installed _____ Yes _____ No

In order to be issued a permit for erection and habitation all manufactured homes or mobile homes must be certified as meeting the Federal Manufactured Housing Construction and Safety Standards Code as set forth in the Code of Federal Regulations, Title 24, part 3280,3282, and 42 USC 5401 Et. Seq. and commonly referred to as the HUD Code, or be certified by the State Fire Marshall's Office or certified inspector as safe and habitable and bearing a "B-1 Seal".

Storage of mobile homes or manufactured homes in Garrard County is prohibited, except for manufactured home dealers holding a valid Kentucky dealer's permit, and except for units permitted under this ordinance.

Provide the following documentation with this application:

____ Planning and Zoning Approval
____ Sewer / Septic approval (copy)

WILL THIS STRUCTURE BE LOCATED IN A FLOOD PLAIN: NO _____ YES _____

DISTANCE HOUSE SITE FROM STREAM: _____

MOBILE HOME CHARACTERISTICS

(Check one) New _____ **Replacement _____ Single Wide _____ Double Wide _____ Triple Wide _____ Quad _____
** Existing mobile home must be removed from the premises within 30 days of issuance of Certificate of Occupancy **
Year/Make: _____ Serial Number: _____
Size (width/length): _____ Color/Trim: _____ # of Bedrooms: _____ # of Bathrooms: _____
Wind Zone II sticker: _____ Yes _____ No A/C Window Unit _____ Yes _____ No
B1-Seal / Hud # : _____
Will additional features be constructed? (Check All That Apply) Porch _____ Deck _____ Steps/Stairs _____

Signature: _____ Date: _____

